105-16

July 1996

The Virginia Board of

OPTOMETRY

DEPARTMENT OF HEALTH PROFESSIONS

The President's Message
by Charles W. Harrill, O.D.

The Board would like to welcome our two most recent gubernatorial appointees, Ms. Anna Weaver Carr and Dr. Sam Smart. Ms. Carr, reappointed for her second four-year term, has been a most conscientious and dedicated citizen member to our Board. Her insight on various issues has been most appreciated. Dr. Smart will be serving his first term on the Board. His experience while serving on the Advisory Committee to the Board of Medicine during the promulgation of the current TPA Regulations should be most helpful.

The Board would like to express its sincere appreciation to Dr. Robin Rinearson for her 9 years of service to the Board. We wish her well as she continues to serve her profession as Chairman of the Licensure & Regulations Committee of the AOA, as a member of the Council on Optometric Education, and as a leader in other activities to enhance our profession.

The Board is reviewing its regulations pursuant to Governor Allen's Executive Order 15(94) to determine which regulations are necessary, overly burdensome, or redundant to determine appropriate changes to our current regulations.

Recently, all licensees received a copy of the Virginia Board of Optometry Statutes and Regulations VR510-01-1, which went into effect 7/26/95. Significant changes were as follows: (1) Provision for licensure by endorsement. (2) Sufficient information for complete and accurate filling of an established contact lens prescription shall include but not be limited to (a) the power, (b) material or manufacturer, (c) curve or appropriate designation, (d) diameter, when appropriate, and (e) expiration date, if medically necessary. Information covering record keeping and illegal self-referral practices are included as well. You should read and review your copy to assure that you are in compliance with current regulations and statutes.

On the next two pages is a listing of current CPT codes approved for use by optometrists.

Listing of Board Approved CPT Codes

Category	Code Number
EVALUATION AND MANAGEMENT GUIDELINES	
Office or Other Outpatient Services	
New Patient	99201-99205
Established Patient	99211-99215
Consultations	
Office Consultations	99241-99245
Initial Inpatient Consultations	99251-99255
Follow-up Inpatient Consultations	99261-99263
Confirmatory Consultations	99271-99275
Emergency Department Services	99281-99288
Nursing Facility Services	
Subsequent Nursing Facility Care	99311-99313
Domiciliary Rest Home or Custodial Care Service	
New Patient	99321-99323
Established Patient	99331-99333
Home Services	
New Patient	99341-99343
Established Patient	99351-99353
Case Management Services	
Team Conferences	99361-99362
Telephone Calls	99371-99373
Preventative Medicine Services	
New Patient	99381-99387
Established Patient	99391-99397
Individual Counseling	99401-99404
Group Counseling	99411-99412
Other	99420-99429
Other E/M Services	99499
GENERAL OPHTHALMOLOGICAL SERVICES	
New Patient	92002, 92004
Established Patient	92012, 92014
SPECIAL OPHTHALMOLOGICAL SERVICES	
Determination of Refractive State	92015
Limited Examination (Under General Anesthesia)	92019
Gonioscopy with Medical Diagnostic Evaluation (separate procedure)	92020
Sensorimotor Examination with Multiple Measurements of Ocular Deviation and Medical Diagnostic Evaluation (e.g., restrictive or paretic muscle)	92060
Orthoptic and/or Pleoptic Training, with Continuing Medical Direction and Evaluation	92065
Fitting of Contact Lens for Treatment of Disease Including Supply of Lens	92070
Visual Field Examination, Unilateral or Bilateral with Medical Diagnostic Evaluation; Limited Examination (e.g., Tangent Screen, Autoplot, Arc Perimeter, or Single Stimulus Level Automated Test such as Octopus 3 or 7 or equivalent)	92081
Intermediate Examination (e.g., at Least 2 Isopters on Goldmann Perimeter, or Semiquantitative Automated Suprathreshold Screening Program, Humphrey Suprathreshold Automatic Diagnostic Test, Octopus Program 33)	92082
Extended Examination (e.g., Goldmann Visual Fields with at least 3 Isopters Plotted and Static Determination within the Central 30 degree, or Quantitative, Automated Threshold Perimetry, Octopus Program G-1, 32 or 42, Humphrey Visual Field Analyzer Full Threshold Programs 30-2, 24-2, or 30/60-2) (Gross Visual Field Testing (e.g., Confrontation Testing) is a part of General Ophthalmological Services and not reported separately)	92083

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6606 WEST BROAD STREET, RICHMOND, VA 23230-1717 TELEPHONE 804/662-9910

Listing of Board Approved CPT Codes (Continued)

Category	Code Number
SPECIAL OPHTHALMOLOGICAL SERVICES (continued)	
Serial Tonometry (separate procedure) with Multiple Measurements of Intraocular Pressure over an extended time period with Medical Diagnostic Evaluation same day (e.g., Diurnal Curve or Medical Treatment of Acute Elevation of Intraocular Pressure)	92100
Tonography with Medical Diagnostic Evaluation Recording Indentation Tonometer Method or Perilimbal Suction Method	92120
Tonography with Water Provocation	92130
Provocative Test for Glaucoma with Medical Diagnostic Evaluation without Tonography	92140
OPHTHALMOSCOPY	
Ophthalmoscopy extended as for Retinal Detachment (may include use of Contact Lens, Drawing or sketh and/or Fundus Biomicroscopy) with Medical Diagnostic Evaluation	
Initial	92225
Subsequent	92226
Ophthalmoscopy with Medical Diagnostic Evaluation	
With Fundus Photography	92250
With Ophthalmodynamometry	92260
OTHER SPECIALIZED SERVICES	
Oculoelectromyography, one or more Extraocular Muscles, one or both eyes, with Medical Diagnostic Evaluation	92265
Electro-oculargraphy, with Medical Diagnostic Evaluation	92270
Electroretinography, with Medical Diagnostic Evaluation	92275
Visually Evoke Potential (Response) Study, with Medical Diagnostic Evaluation	92280
Color Vision Examination, Extended (e.g., Anomalscope or Equivalent Color Vision) Testing with Pseudoisochromatic Plates (such as HRR or Ishihara) is not reported separately. (It is included in the appropriate General or Ophthalmological Service)	92283
Dark Adaptation Examination, with Medical Diagnostic Evaluation	92284
External Ocular Photography with Medical Diagnostic Evaluation for Documentation of Medical Progress (e.g., Close-Up Photography, Slit Lamp Photography, Goniophotography, Stereo-Photography)	92285
Special Anterior Segment Photography with Medical Diagnostic Evaluation; with Special Endothelial Microscopy and Cell Count	92286
CONTACT LENS SERVICES	
Prescription of Optical and Physical Characteristics of the Fitting of Contact Lens with Medical Supervision of Adaptation;	
Corneal Lens, both eyes, except for Aphakia	92310
Corneal Lens for Aphakia, one eye	92311
Corneal Lens for Aphakia, both eyes	92312
Corneoscleral Lens	92313
Prescription of Optical and Physical Characteristics of Contact Lens, with Medical Supervision of Adaptation and Direction of Fitting by Independent Technician;	
Corneal Lens, both eyes except for Aphakia	92314
Corneal Lens for Aphakia, one eye	92315
Corneal Lens for Aphakia, both eyes	92316
Corneoscleral Lens	92317
Modification of Contact Lens (separate procedure), with Medical Supervision of Adaptation	92325
Replacement of Contact Lens	92326
OCULAR PROSTHETICS, ARTIFICIAL EYE	
Prescription, Fitting, and Supply of Ocular Prosthesis (Artificial Eye), with Medical Supervision of Adaptation	92330
Prescription of Ocular Prosthesis (Artificial Eye) and Direction of Fitting and Supply by Independent Technician, with Medical Supervision of Adaptation	92335
SPECTACLE SERVICES	
Fitting of Spectacles, except for Aphakia;	
Monofocal	92340
Bifocal	92341
Multifocal other than Bifocal	92342
Fitting of Spectacle Prosthesis for Aphakia;	
Monofocal	92352
Multifocal	92353
Fitting of Spectacle Mounted Low Vision Aid;	
Single Element System	92354
Telescopic or Other Compound Lens System	92355

Category	Code Number
SPECTACLE SERVICES (continued)	
Prosthesis Service for Aphakia, Temporary (Disposable or Loan, including Materials)	92358
Repair and Refitting Spectacles;	
except for Aphakia	92370
Spectacle Prosthesis for Aphakia	92371
SUPPLY OF MATERIALS	
Supply of Spectacles, except Prosthesis for Aphakia and Low Vision Aids	92390
Supply of Contact Lenses, except Prosthesis for Aphakia	92391
Supply of Low Vision Aids (a Low Vision Aid is any lens or Device used to Aid or Improve Visual Function in a Person Whose Vision cannot be Normalized by Conventional Spectacle Correction Includes Reading Additions up to 4D)	92392
Supply of Ocular Prosthesis (Artificial Eye)	92393
Supply of Permanent Prosthesis for Aphakia;	
Spectacles	92395
Contact Lenses	92396
OTHER PROCEDURES	
Unlisted Ophthalmological Services	92499
SURGICAL CODES	
Removal of a Foreign Body, External Eye	
Conjunctival Superficial	65205
Corneal without Slit Lamp	65220
Corneal with Slit Lamp	65222
Scraping of Cornea, Diagnostic for Smear or Culture	65430
Correction of Trichiasis, Epilation by Forceps	67820
Dilation of Lacrimal Punctum, with or without Irrigation	68800
Diagnostic Insertion of Collagen Punctum Plugs	68761
Post-Operative Follow-up (with modifier -52) *	65091-68899

* Refers to reduced services -- under certain circumstances, a service or procedure is partially reduced at the physician's discretion. Under these circumstances, the service provided can be identified by its procedure number and a modifier (-52) signifying that the service is reduced.

DIAGNOSTIC ULTRASOUND - HEAD AND NECK	
Ophthalmic Ultrasound, Ecography;	76511
A-mode, with amplitude quantification	
Contact B-scan	76512
Immersion (water bath) B-scan	76513
Ophthalmic Biometry by Ultrasound	76516
Echography, A-mode	
With Interocular Lens Power Calculation	76519
Ophthalmic Ultrasonic Foreign Body Localization	76529
COGNITIVE FUNCTIONING AND DEVELOPMENTAL TESTING	
Assessment of Higher Cerebral Functioning;	
With Medical Interpretation,	
Aphasia Testing	95880
With Developmental Testing	95881
With Cognitive Testing and Others	95882

Be advised that this listing was produced by the Virginia Board of Optometry's office to inform interested parties of the procedural billing codes approved by the Board for use by Optometrists. The codes are defined, in full, in the American Medial Association's reference CPT: Physicians' Current Procedural Terminology,

1996 Legislation: DPA & TPA

The 1996 Session of the Virginia General Assembly brought about two major changes with regard to optometric practice. The first involves the requirement that all new applicants for licensure, beginning July 1, 1997, must be competent to use diagnostic pharmaceutical agents (DPA's). The second involves the transfer of the therapeutic pharmaceutical agents (TPA's) certification program from the Board of Medicine to the Board of Optometry on July 1, 1996.

(Continued on Page 3)

1996 Legislation: DPA & TPA (continued)

DPA

On July 1, 1997, all new applicants for licensure must first demonstrate that they are competent to use DPA's. At that time, the Board will no longer issue DPA certificates or administer its own DPA Certification Examination. Rather, it will accept passing scores on Parts I and II of the National Board of Examiners in Optometry (NBEO) national examination as proof of DPA competency if taking during or after 1993.

Please note that those persons who were or will be licensed on or before June 30, 1997 but who were not or did not become DPA certified may continue to practice optometry but may not administer DPA's without satisfying the requirements of the Board (i.e., passing Parts I and II of NBEO taken on or after 1993). For those persons who would like to become DPA certified before July 1, 1997 and have not taken NBEO during or subsequent to the 1993 administration, the Board will be offering its DPA examination on two more occasions - July 25, 1996 and in mid-January 1997 (specific date to be determined). Please be advised that these are the last two times that the Board will be administering its DPA Certification Examination.

Those persons who were or will be licensed and DPA certified on or before June 30, 1997 do NOT need to become re-certified.

Please remember, until July 1, 1997 DPA Certification is a prerequisite to Therapeutic Pharmaceutical Agents Certification.

TPA

On July 1 of this year, the Board of Optometry will assume responsibility for the TPA certification program. On July 1, the Board of Optometry will accept the Board of Medicine's regulations regarding TPA. A number of changes are expected and licensees and other interested parties will be kept abreast of the progress through newsletter updates as this transitional work proceeds.

Beginning July 1st, the Board of Optometry, and not the Board of Medicine, will have the authority to define the diseases and abnormal conditions of the eye and its adnexa which TPA Certified optometrists may treat. Further, the Board of Optometry, with the assistance of its TPA Formulary Committee will specify the therapeutic pharmaceuticals TPA Certified optometrists may use. The TPA Formulary Committee will hold its first meeting on the date of the next full Board meeting, July 12, 1996. And on that date, in addition to reviewing the TPA Formulary Committee's recommendations, the Board will also begin to officially consider amending the regulations regarding treatment standards and other related issues.

On July 1, the Board of Optometry will begin accepting passing scores on the Treatment and Management of Ocular Disease (TMOD) examination of NBEO's national examination as demonstrating TPA competency if the examination was taken in 1987 or thereafter. The Board of Medicine's own TPA Certification Examination will be offered only once more - on July 25, 1996. New applicants for TPA certification will need to have their TMOD scores reported to the Board by NBEO or have signed up to take the Board of Medicine's TPA Certification Examination.

Please note that those persons who were licensed and were TPA Certified before July 1st do NOT need to become re-certified.

The new TPA legislation allows TPA Certified optometrists to prescribe Schedule III and IV oral analgesics to relieve ocular pain and topically applied Schedule IV drugs approved by the TPA Formulary Committee. Please be advised that the TPA Certified optometrist who wishes to prescribe must first obtain a Controlled Substances Registration Certificate from the Board of Pharmacy. An application may be obtained by writing to the Board of Pharmacy at 6606 W. Broad Street, 4th Fl., Richmond, VA 23230-1717 or by calling (804) 662-9911.

If you would like a copy of either the DPA or TPA legislation or if you just have questions, please contact the Board office at (804) 662-9910.

Informed Consent and Record Keeping in a Litigious Society

Gordon W. Jennings, Jr.

Lawsuits and patient complaints to the Board are at the top of the list in eliciting stress and fear in the hearts of optometrists. How do you protect yourself? It is no doubt easier said than done. But as a practicing optometrist and not as an attorney, I would like to share with you a few helpful suggestions.

Malpractice suits in optometry are thankfully few. Extended wear contact lens patients are the most likely source of malpractice suits. If a patient develops a corneal ulcer with subsequent vision loss and later sues, you should be able to demonstrate there was properly documented informed consent at the time the patient was fit with extended wear contacts. I have the patient carefully read and sign a document that describes the fitting, follow-up care, risks (i.e., corneal ulcer), and alternatives to vision correction (i.e., spectacles, daily wear contact lenses). Numerous articles in the Optometric literature describe the specific information that should be contained in an informed consent document. If you

Informed Consent and Record Keeping in a Litigious Society (continued)

develop your own document, it is best to have your attorney review it to insure that it does what it's supposed to do - protect you and properly inform the patient in order that he or she may make an informed judgment.

Good record keeping has always been important and is becoming more important. Why? Managed care entities, insurance companies, the Board of Optometry, and the courts utilize your patient records to determine whether you performed services commensurate with their respective required standards. Record audits have and will continue to be necessary in assessing compliance to third-party billing requirements and providing accurate data to measure patient outcomes. I feel confident that we would all agree that good record keeping is a necessary component of good patient care. Current trends in health care mandate certain changes and modifications in the way that optometric records have been historically documented. If you have not carefully analyzed your method of documenting patient records recently, please do so now. Reference the Virginia Board of Optometry Regulations section entitled "Unprofessional Conduct" under 4.3 to determine whether your record keeping complies to regulation. An excellent way to secure an objective review is to pull several records at random, copy them, mark out the patient's name and address, and ask two or more of your optometric colleagues to review your record keeping methods. You will be surprised to learn how much an objective review will help you and your colleagues. Keep in mind your goal and objectives: compliance to optometric regulations, adequate information to reflect all procedures performed, recommendations and instructions given to patients, and a clear and concise format easily understood by any other optometrist. How many times have you received patient records from another optometrist, ophthalmologist, or other doctor and not be able to determine specifically what was done? The Board and the courts generally assume if you didn't record it on the patient's records you didn't do it! Protect yourself with good record keeping it only takes one omission to tarnish a career.

What steps can you take to avoid getting into trouble? Have your receptionist maintain a written record of telephone inquiries that involve patient emergencies and patient complaints. Good communication is always helpful in addressing problems. If you have done everything you can to satisfy an unhappy patient without success, consider a refund to the patient. A significant number of patient complaints to the Board are fee related. However, you are the doctor, it's your call. Do you have a chair-side assistant? If not, please consider the benefits. A chair-side assistant can record as you verbalize your examination of a patient with the obvious advantage of saving you time by not having to take notes and also by making the patient aware of the comprehensiveness of your examination. Records tend to be better documented and the chair-side assistant is already aware of any additional testing that is necessary without further communication from you. Chair-side assistants can provide better records, save doctor time, and improve office and patient communication. Allegations of sexual misconduct are on the rise nationwide, having a chair-side assistant present during all patient examinations could substantially lessen the probability of your susceptibility to a wrongful allegation. Chair-side assistants thus can contribute to better record keeping, better communication between patients and other staff, save time for the doctor, and offer protection against false allegations.

Managed care, increased competition, expanded scope of practice, and a litigious society present challenges to us all to become better informed, better organized, and more efficient in our delivery of optometric services to out patients. Be a participant in the challenges, and I am confident the rewards will follow.

Dr. Lowell Gilbert echoes much of Dr. Jenning's concerns in the article that follows.

Record Keeping

Lowell H. Gilbert, O.D.

The expansion of scope in optometric practice has made it necessary for the Optometrist to increase his or her skills not only in diagnostic testing and treatment but also in record keeping.

Each optometrist should review all optometric *Statutes and Regulations* annually to make sure that he or she is in compliance. These regulations are very skeletal at best, and we, as practitioners, must meet our responsibility by being thorough with our records.

For this discussion, however, let's keep to basics. The record should include case history, including chief complaint, all appropriate testing, diagnosis, and finally the treatment. Again, read your *Regulations* for specific minimal charting.

Some key pitfalls that I see as a Board member are:

1. The obvious, not charting correctly (not writing the information down).
2. The chief complaint is not tied to the appropriate testing - diagnosis and treatment.
   a. flashes and floaters to dilated fundus exam.
   b. post-vitreous or retinal detachment to Tx of patient education or referral.
3. Tie diagnosis to appropriate treatment (i.e., GPC to discontinue extended wear, recommend disposables, CSI lenses, decrease wearing time, etc.)
4. The name of the attending Optometrist is not included.

Record Keeping (continued)

I would be remiss if I did not inform you that most complaints are due to a lack of rapport of the O.D. with the patient or Doctor unwilling to offer to refund the patient when not satisfied. Although we as Board members do not get involved in fee disputes, this seems to be a common denominator with patients who are angry enough to make a complaint to the Board.

When we receive any complaint, we are responsible for reviewing the entire record relating to the case. This tends to precipitate an unrelated charge for poor record keeping or for not practicing in a manner which assures patient safety. Remember, if the respondent did not write it down, he or she did not do it (accepted standard of law).

Proper record keeping is important in today's environment. Take all the necessary safety requirements possible with electronic records and in faxing confidential materials.

Finally, let me discuss informed consent. As we increase our scope, we must be professional and above reproach. If you are trained and wish to perform accepted newer optometric procedures, you should make sure that you explain these procedures to your patients and get their permission. Be particularly sensitive to expanded scope on physical examinations, having a technician present and obtaining written consent when appropriate.

REMEMBER, whatever the issue, if you don't record it, you may have a big problem if a complaint is filed against you with the Board or you are involved in litigation.

I hope that these few brief comments are eye openers and will make you a little bit more sensitive about keeping up with professional standards in the practice of Optometry including record keeping.

Dr. Howlett Honored

Board Vice-president, Dr. John L. Howlett has been honored by the Richmond chapter of the National Conference of Christians and Jews. Dr. Howlett received one of four awards conferred to individuals who have made significant humanitarian contributions to the community.

Continuing Education: Does it Have to Cause Everyone Pain?

Lowell H. Gilbert, O.D.

Why Do We Have It?

Continuing education is mandated by 54.1-3217 of the *Code of Virginia.* It is required so that there is some means of being sure that practitioners are at least exposed to some degree of education on a regular basis. It is understood that this cannot guarantee competence but does guarantee exposure.

How Many Hours and How Are They Approved?

At present, 12 hours are required each year. A year is defined as from November 1st to the following October 31st. Courses are approved by the Continuing Education Committee of the Board and must have the following information for approval.:

1. title of the course
2. the sponsoring organization
3. name and qualifications lecturer
4. outline of the course contents
5. length of course contents
6. method of completion if correspondence course or method of certification of attendance
7. the number of credit hours requested.

The Committee approves courses based on the following:

1. are on patient care topics
2. are available to all optometrists and advertised as such
3. do not promote the sale of specific instruments or products and are assured that such does not exist
4. are not practice management.

Who Is Responsible for the Certification of the Education?

Section 7 of the *Regulations* states that the practicing optometrist is responsible for evidence of the education hours. At present, the Board office will keep track of the hours each doctor submits throughout the year. However, it is not the responsibility of the office to be sure that each doctor has all of his or her hours. A call to the Board office will quickly allow you to find out if a course has been approved. If it has not, you may submit the required information yourself and have the course reviewed. Courses approved by other state boards are not always submitted to our board but probably would be if submitted. In other words, check for approval if it is not stated in the advertisement for the course.

Finally, giving the Board personnel a hard time the last minute because you did not take the proper courses is not fair to the people who work very hard to keep our records straight.

Continuing Education (continued)

When Should You Submit Your Hours to the Board?

It is a good idea to send them in as early as you take them, but keep a copy for your records also. Early submission allows for adjustment if some course or courses are not approved when submitted. You can send in the required information or get the additional hours if needed, As stated before, do not assume that all courses are approved.

I Can't Meet the Requirement, What Do I Do?

If you cannot meet the requirement you may submit a request for a waiver or extension for the current year. This should be done as soon as possible when the need arises. Also, the waiver or extension cannot automatically be extended to the next year. Be complete in submitting your information.

Finally:

This is not hard and is a statutory requirement in order to retain a license to practice optometry in the state of Virginia. It protects your livelihood and hence is something everyone should take seriously and pay attention to without making it a bigger problem than it needs to be. IN ONE 365 DAY PERIOD GET 12 VIRGINIA BOARD OF OPTOMETRY APPROVED HOURS OF CONTINUING EDUCATION AND SUBMIT IT TO THE BOARD BY OCTOBER 31ST.

Patient Communication

Lowell H. Gilbert, O.D.

One of the primary causes of complaints to the Board continues to appear to be lack of communication with the patient. Misunderstandings are going to happen even in the most well intentioned office. But they should be worked out there and not in an informal hearing.

Be sure you have documented everything that was done and explained your findings to the patient clearly so that they understand what was said. Try to see the problem from their perspective. If the patient thinks they have a problem, you have a problem.

Documentation as is often preached by the Board may help your case but you do much better preventing the problem from ever getting to the Board. The more complete your examination, documentation, and explanation is, the less chance you will have a disgruntled patient.

Do You Know Where They Are?

Regulation 6.B. requires that every licensee assure that the Board has his or her current address. All changes of mailing address or name are to be furnished to the Board within five days after the change occurs.

Edward W. Gilbert, O. D. (Luray) and John G. Martell, O.D. (Virginia Beach) have not renewed their licenses for this year and we have received no response to correspondence. If you know either of these individuals, please have them contact the Board office.

Disciplinary Actions

The Board has closed the following disciplinary cases since the last newsletter (January 1995).

LICENSEE: Scott P. Barron, O.D. of Centreville. Provided substandard care and failed to maintain adequate records regarding a patient's treatment in that, by his own admission, he failed to obtain and document a complete case history, to secure and document an internal tissue health evaluation, to secure and document an external tissue health evaluation, and to refer the patient to an ophthalmologist for assessment of an abnormal corneal condition.
DISCIPLINARY ACTION: Reprimand, $500 Penalty, and Complete a remedial education course of 2 hours regarding clinical and legal issues of record keeping.
LICENSEE: Man-Fei Chan, O.D. of Centreville. An unannounced inspection of her office and review of five contact lens patient records pursuant to her Consent Order revealed the following deficiencies in four. She failed to maintain adequate records regarding the treatment of a patient in that she failed to appropriately document follow-up care. For another patient she failed to document the solution the patient was directed to use to lubricate his lenses. During the course of treatment for another patient she failed to document a recommended one month follow-up examination. Further for this patient, she failed to document subjective symptoms and dispensed new lenses to the patient. DISCIPLINE: Reprimand, Unannounced Inspection of patient records, $200 Penalty.
LICENSEE: Paul T. Edwards, O.D. of Hudgins, VA. He practiced optometry in a commercial, mercantile establishment. Specifically, he utilized space, equipment, phones and utilities provided by Sterling Optical, Richmond, Virginia, a mercantile establishment, without reimbursement to Sterling Optical. Further, he allowed staff from Sterling Optical to answer his phones and schedule

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Disciplinary Actions (continued)

appointments for him in his absence.
DISCIPLINE: Cease and Desist from practicing optometry in this location and any other location that would be prohibited by law, $1,000 Penalty.
LICENSEE: Fred E. Goldberg, O.D. of McLean, VA. Made a late payment of required per location professional designation fee and failed to pay annual professional designation fee.
DISCIPLINE: Payment of delinquent fees, $100 Penalty.
LICENSEE: Shawn N. Hobbs, O.D. of Chester, VA. Advertised and practiced optometry under a name other than his own. Specifically, he practiced under the name "Virginia Eye Associates, Inc." without duly registering the name with the Board.
DISCIPLINE: $350 Penalty.
LICENSEE: Samuel Kim, O.D. of Washington, DC. While under the terms of a Consent Order, Dr. Kim was found to have failed to appropriately document the records of four patients. He failed to record the assessments of fit and that the patients were not in compliance with follow-up care instructions. By his own admission, he indicated that employees of Seoul Optical, a mercantile establishment, had access to his patient records and access to his telephone system.
DISCIPLINE: Reprimand, $300 Penalty.
LICENSEE: William J. Landau, O.D. of Roanoke, VA. An unannounced inspection pursuant to his Consent Order revealed the following: Failure to use an optometric descriptor (i.e., O.D., Optometry, Doctor of Optometry) in the 1995 Yellow Pages advertisement for the Roanoke area. The record for six of ten patients randomly selected revealed the following deficiencies. For the first patient, he failed to assess intra ocular pressures. For the second patient, he failed to provide a contact lens wearing schedule. On the third, he failed to provide a complete internal health examination and to perform an intra ocular pressure assessment. On the fifth patient, he failed to provide a wearing schedule and solutions for contact lens dispensing. On the sixth patient, he failed to indicate whether the patient's eyes were dilated, the medication used, and to make an appropriate referral.
A second unannounced inspection revealed the following. The professional designation "Floyd Vision Care" found on the office letterhead was not registered with the Board. Three of five patient records randomly selected for review revealed that he failed to provide a contact lens wearing schedule for one patient, failed to complete an internal tissue health examination for a patient, and failed to maintain complete and accurate patient records.
DISCIPLINE: Probation for one year, 2 Unannounced Inspections of his optometric practice, $250 Penalty, 2-hour Course in record keeping requirements within 6 months.
LICENSEE: Barry M. Lebowitz, O.D. of Arlington, VA. He practiced optometry in a commercial, mercantile establishment. Specifically, he utilized space, equipment and utilities provided by Sterling Optical, Richmond, Virginia, a mercantile establishment, without reimbursement to Sterling Optical. Further, he allowed office staff from Sterling Optical to answer his phone and schedule appointments for him in his absence.
DISCIPLINE: Cease and Desist from practicing in a commercial, mercantile establishment, $1,000 Penalty.
LICENSEE: Gilbert J. Nelson, O.D. of Springfield, VA. He subleased space from an adjacent to Singer/Spec Discount Vision Center ("Singer/Spec"). Further, he paid 20% of all fees collected for contact lens examinations and comprehensive eye examinations conducted by him to Singer/Spec.
DISCIPLINE: Reprimand, Probation for one year, Must notify Board of current employment agreement and copy of lease agreement for his place of employment within 30 days, Must notify the Board in writing of any change in location of his practice within 5 days of said change.
LICENSEE: Stanley J. Parsick, O.D. of Virginia Beach, VA. He advertised and opened a practice using the name "Optics, Ltd." without first registering as a professional designation with the Board and paying the appropriate fees.
DISCIPLINE: Payment of fees, $200 Penalty.
LICENSEE: Michael E. Zalar, O.D. of Woodbridge, VA. He practiced optometry in a commercial, mercantile establishment. Specifically, he utilized space, equipment, and utilities provided by Sterling Optical, Potomac Mills Mall in Woodbridge, a mercantile establishment. Further, by his own admission, he had agreed to pay rent in arrears for March 1994 through March 1995, the first practice year.
DISCIPLINE: Cease and Desist from practicing in a commercial, mercantile establishment; $1,000 Penalty.

Welcome Dr. Smart

Last summer, the Governor appointed Dr. Samuel C. Smart, O.D., F.A.A.O. from Fredericksburg as the Board's newest member. Dr. Smart assumes the seat vacated by Dr. Robin Rinearson of Bailey's Cross Roads whose term expired.

Dr. Smart received his Doctor of Optometry from the Pennsylvania College of Optometry in 1971 and his Masters in Business Administration from the C.W. Post College (Long Island University) in 1976. Dr. Smart became licensed in Virginia in 1972. From 1971 to 1977 Dr. Smart served as an Active Duty Optometrist with the Army. In 1977 he started his current private practice in Fredericksburg and at the same time began serving as the Chief of the Optometric Section of the 2290th U.S. Army Hospital in Rockville, Maryland as an Army reservist. Dr. Smart retired from the reserves in 1989 with the rank of Lieutenant Colonel.

His professional memberships include being a charter member with the Battlefield Optometric Society and having served in all of its executive positions. He is also a member of the American Optometric Association as well as the Virginia Optometric Association where he has served as a member of the Executive Committee, Chairman of the Pharmacology Education Committee, Past Chairman of the Assistance to Graduates Committee, State Chairman of Vision USA, and Optometry Consultant to the Virginia Board of Medicine. He also is a member of the Armed Forces Optometric Society, Optometric Extension Program and American Optometric Foundation, and he is a Fellow in both the Virginia Academy of Optometry and the American Academy of Optometry.

Dr. Smart was the Virginia Optometrist of the Year in 1990 and has received numerous civic and military awards, such as Outstanding Leadership award from the Rappahannock Rotary Club, Army Commendation Medal with oakleaf, and Jaycees distinguished Service and Community Service awards.

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